FOR INSTRUCTIONS, SEE BACK OF FORM This form is not applicable to statutory political committees.

## **Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

JAN 1 6 PRAB COMMITTEE NAME

-	Plemout	L
FORM		(Rev. 02/96)
	DR-3	
	NOTICE OF	
<u> </u>	DISSOLUTION	
For Office	Use Only	
Comm.#_	17317	
Indexed _	<u>S</u>	
Audited		<del></del>
Computer Certified D	ate of Dissolution	

Official Name of Committee
PAUL SITZ MANN FOR COUNTY Supervison Street
28676 NATURE AVE City, State, Zip Code
HINTON IA 5/024  Area Telephone
Code
(712) 546-8232
Effective date of dissolution:
1-19 20 <u>03</u>
Mark J. Bitter
Signature of Treasurer
/-/3-03
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate Required for Candidate's Committee

## WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

